

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023985

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 1015

FILED JUN 20 1963

1. PLACE OF DEATH

a. COUNTY Greene

b. CITY (If outside corporate limits, give TOWNSHIP, only)
OR TOWN Springfield

Length of stay in 1b
12 hrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Burge Protestant

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Wright

c. CITY OR TOWN Grovespring

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rural

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print) First Middle Last
Stanley Keith Shivers

4. DATE OF DEATH Month Day Year
June 16, 1963

5. SEX

M

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
6/14/63

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.
2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Lebanon, Mo. U. S. A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Stanley Shivers

13b. MOTHER'S MAIDEN NAME

Sharon Kay Williams

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Stanley Shivers Grovespring, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) RESPIRATORY ARREST

INTERVAL BETWEEN ONSET AND DEATH
SEV. HRS.

DUE TO (b) ATELECTASIS, RT.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PREMATURITY

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from _____ to _____ and last saw him alive on 6-15-63
Death occurred at 6-15-63 1:15 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Erwin F. Busiek, MD

22b. ADDRESS

609 Cherry Springfield, Mo. 6-17-63

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/17/1963

23c. NAME OF CEMETERY OR CREMATORY

Cross Roads

23d. LOCATION (City, town, or county)

Laclede Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Dorsey M. Howe Lebanon, Mo. 6-18-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Effie S. Metten

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

VS.300
Rev. 4/59

1 0397

2 1140

3

4 0

5 0

6

7 0

8 2

9 762.5

10

11

12 1-0

13

APC-230-2342

1930
1941

0
0

0
8

0-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.